

Application For A Private Well Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number _____

Portsmouth Health Department

Date Received _____

To Be Completed By The Applicant

Type of Class IV Well: _____ New _____ Replacement _____ Emergency

Owner: _____ Address: _____ Phone: _____

Agent: _____ Address: _____ Phone: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Directions to Property: _____

Other Application Information

Residential Use ☐ Yes

☐ No

Termite Treatment ☐ Yes

☐ No

☐ Single Family

☐ Multifamily

_____ No. Of Bedrooms

_____ No. Of Units

Basement ☐ Yes

☐ No

Fixtures In Basement ☐ Yes

☐ No

Water Supply:

☐ Public

☐ New

☐ Existing

☐ Private

☐ New

☐ Existing

Proposed Installation:

☐ Septic tank and drainfield

☐ Other

If other, describe _____

SITE *Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures*
PLAN *and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or drainfield. Distances may be paced or estimated.*

I give permission to the Health Department to enter onto the property described for the purpose of processing this application.

Signature of owner/agent

Date